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ORIGINAL DEPARTMENT.

Communications.

USE OF VERATRUM VIRIDE IN CONVULSIVE DISEASES.

By A. GEIGER, M.D.,

Of Dayton, Ohio.

After an experience of nearly ten years, by the profession, in the use of the "Veratrum Viride," its use in febrile and inflammatory diseases is not as satisfactory as it was fondly hoped it would prove to be, when first introduced. Still, it holds the first rank as an agent in controlling the action of the heart and arteries. But there is a class of diseases over which it exerts an influence which I regard as invaluable, and in which its curative properties may not have received that degree of attention, from the profession, that they are deserving of.

I allude to "Convulsive Diseases," depending upon undue excitement of the brain or nervous centres; such as puerperal convulsions, hysteria, mania-a-potu, convulsions of children, etc., etc.

I have used it in my practice for several years past, (and also others to whom I have recommended its use,) in the various convulsive diseases, with the most satisfactory results; generally in a short time controlling the convulsive action, and restoring the patient to quiet and sleep.

The first case of puerperal convulsions in which I was induced to try its effects, was the patient of a brother practitioner, Dr. O. Crook, of this city. He had been called to his patient in the morning, a fine healthy-looking young woman, in her first confinement. He had bled her freely, before my arrival, which was at 9 o'clock, A. M. The convulsions were frequent and powerful, the os uteri but slightly dilated, no chance to deliver, and no prospect that the opportunity would offer for several hours. I advised the administration of the veratrum viride. Four drops of the fluid extract were given, and repeated every two hours. The convulsions were partially controlled by the use of chloroform, administered immediately upon

the approach of the symptoms of returning convulsions, until the influence of the veratrum was manifest. At 2 P. M., the patient was quiet; the convulsive action having gradually grown more feeble, and the pulse reduced to about 60 per minute. The labour progressed favorably until 6 P. M., when she was delivered of her child. The veratrum was continued in doses sufficient to control the action of the heart, until sensibility returned, which was some forty-eight hours after her delivery; after which time she had a good recovery.

I have since used it in two other cases with like success, and know of no remedy to compare with it in cases of this kind. I have also used it in hysteria; invariably controlling the spasms as soon as the patient was brought fully under its influence. Also in the convulsions of children; given in doses suited to the age of the child, it has always proved highly satisfactory, arresting, in a short time, the spasmodic action.

In all of the above diseases, we have increased action of the heart and arteries, with morbid excitement of the brain and nervous system, and whether it is the action of the veratrum as an arterial sedative, that produces its curative effects, or whether it does not also exercise directly a sedative influence over the brain and nervous centres, is a matter for further investigation.

But in delirium tremens, I think it is destined to take the place of all other remedies, so prompt and satisfactory are its effects, and the more particularly in those patients that are furious and uncontrollable.

Dr. Crook was induced to use it in a case of mania-a-potu, soon after seeing its effects in the case of puerperal convulsions above alluded to. The patient was a robust liquor-seller, and himself a good customer. He had had previous attacks, which had been exceedingly hard to control. In this case, when the doctor was called, he found his patient out in the yard, and it required the efforts of three men to keep him from running away. He was brought in, and four drops of the fluid extract of the veratrum administered, and ordered to be repeated every two hours. Opium and other remedies having been previously admin-

istered, without effect. In a few hours, its effects were apparent; nausea and vomiting succeeded, and the patient reclined quietly in bed, and the following day, after a good night's repose, was about again. Another case, that of a sturdy blacksmith who had imbibed too freely, and who was so unruly that it became necessary to bind him, and tie him fast in the bed: after taking two doses of the veratrum, he went to sleep, and awoke the following morning to inquire of his attendants, "What they meant by tying him up in that style?" they being afraid to unloose him during the night. When informed what had been the matter, he coolly assisted in unbinding himself, and went to his shop as usual. Other cases might be related.

I have used it in one case of chorea. It was the first attack in a young girl of fifteen, and seemed to have come on without much previous warning. The muscles of the left side were principally affected by the convulsive action, and the patient was very much distressed. Not more than six drops of the fluid extract were given, until she became quiet, and the next day she seemed as well as usual. Emmenagogues were then given, and there has been no return of the chorea since.

I would say to any member of the profession whose attention, may not have been called to the use of the veratrum viride in the cases above cited, *try it*. The result will be satisfactory.

CASES FROM THE NOTE-BOOK OF AN ARMY SURGEON.

By E. BATWELL, M.D.,

Surgeon 14th Regiment, Michigan Volunteers.

Secondary Hemorrhage.

W. S., Co. I, 17th N. Y. V. Infantry, received a gunshot wound on the 1st September, penetrating the right thigh about six inches below Poupert's ligament, and presenting itself in the fold of the nates of the same side. Nothing of any particular interest showed itself, until the 12th day, when the slough came away, and violent secondary hemorrhage set in. Pressure on the main artery seemed to arrest the bleeding, and it was resolved, as presenting the best prospect of ultimate success, to ligate the femoral vessel. Accordingly, it was cut down on, and a ligature passed around it, but I discovered that though materially lessening the flow of blood, yet perfect control of the hemorrhage was not obtained. This too, whilst the ligature was passed above the origin of the profunda. I then withdrew the ligature; and dilated the original wound in hopes of being able to discover the bleeding vessel, but

failed to find the source of the hemorrhage, which was *slowly* but *surely* bringing the case to a close.

The wound was then *packed* with charpie soaked in liquor ferri persulp., and it was resolved to allow it to be discharged by nature, avoiding all interference. On the 6th day a large part of the mass was discharged, but a portion had been pushed under the fascia lata, which did not come away until the 22d day, and as any interference brought on considerable oozing, it was resolved to permit its discharge by the suppurative process, which was very copious, and required all our efforts to counteract by nourishing diet and stimulants. However, it was finally discharged, and the patient gradually recovered, convalescence being impeded by a large bed sore, which caused much trouble. He was sent to the rear ten weeks after receipt of injury.

Penetrating Wound of Thorax.

RICHARD COX, Co. E, 113th O. V. I., received a gunshot wound on the 29th of November, whilst foraging near Lewisville, Ga. The ball penetrated the left side of the thorax, between the 4th and 5th ribs, immediately below the nipple, and came out between the 3d and 4th ribs of the same side about an inch from the spine. The patient when brought into hospital exhibited all the appearance of a dying (if not of a dead) man. He did not seem to breathe, or to be conscious of surrounding objects, and any attempt at inspiration was followed by violent hemorrhage, the pulse was almost imperceptible, and the skin was cold and clammy. He was made as comfortable as possible, and toward evening became sensible, and gradual reaction took place. The inexorable order "to move at sunrise" came, and we put our patient into an ambulance, little expecting that he would live through the day, but at evening he seemed quite as comfortable, and continued gradually to improve, the hemoptysis lessened and he gained strength hourly—he rode daily until our arrival in Savannah, a distance of over 200 miles. He seemed in excellent health and spirits, but some days after our arrival, violent hemoptysis set in and continued daily for about two weeks, prostrating him considerably. However he convalesced rapidly from this time, and on the 20th of January was furloughed.

In presenting this case, we do not propose a daily ride of 15 or 20 miles in a Government ambulance over a "corduroy" road as a cure for penetrating wounds of the thorax, but we do assert that a larger proportion of serious gunshot wounds get well in the field, under the immediate care of regimental Surgeons, than can be shown by the statistics of hospitals in the rear. We can form

no idea of the course the ball took. In an anatomical view, it ought to have penetrated the heart, or wounded the great vessels in the thorax. It did not pass external to the chest, and the vast amount of hemorrhage admits of no other solution, than having penetrated the lung at, or near its root. The diversity of opinion expressed by all medical men who saw the case satisfied us as to our own hypothesis, that we knew nothing of the course the ball had taken.

CASE IN WHICH THE FIRST STAGE OF LABOR PASSED DURING SLEEP.

By W. S. SHAW, M. D.,

Of Sullivan, Ohio.

In *Braithwaite's Retrospect*, number 44, January, 1862, is the abstract of an article by Dr. B. FORDYCE BARKER, of New York, on the use of belladonna to shorten the first stage of labor. I have tried it three times within the last year. In two of the cases, each second pregnancy, labor was over before I arrived. The third case I will relate.

February 15th, 1865, 2 o'clock, A. M., was called to see Mrs. N., aged 32; primipara. She is tall, well formed, moderately full flesh, strong, muscles firm, lower extremities somewhat cedematous. Has been using

Ext. belladonnæ,
Syrupi,
Tinct. aurantii, aquæ,

gr. viij.
f. ʒij.
aa f. ʒj. M.

three times a day, in teaspoonful doses, for two weeks. Has not observed the constitutional effects of the drug.

She says she went to bed as well as usual and fell asleep, was wakened half an hour before I arrived, by *water running from her*. She did not seem to be in much pain. Thinking there might be some mistake, I proposed an examination, when, to my surprise, I found the os uteri surrounding the brim of the pelvis, and on the accession of the next pain passed above it, and the vertex presented in the superior strait.

Labor proceeded regularly, but slowly, for about 3 hours, when the head had passed into the pelvis, and locked, the vertex to the left ramus pubis.

As I failed to detach it from that position by manipulation, I sent for forceps, mine, unfortunately not being at hand. After two hours the messenger returned, having failed to get the forceps. As she was in good condition, and bearing her pains well, I determined to wait the efforts of nature. No change of position, only that the head was becoming more closely impacted. Two hours later, while she was engaged in pleasant conversation with a lady by her side, right in the

midst of a sentence, she took a convulsion. When it passed off, I gave her a sedative and ordered an injection of mucilage with assafoetida, and sent for the nearest forceps, ten miles.

In about an hour she had another slight convulsion. I forgot to say that I tried to bleed, but could not get a vein of sufficient size to do any good. In half an hour longer the forceps arrived, and in twenty minutes I delivered her of a dead child. The death of the child had doubtless been caused by the long impaction, and the spasms, as I had heard the foetal heart, a short time before the first convulsion.

As the head so nearly filled the pelvis, it required careful manipulation to use the forceps, but no injury was done by them.

After delivery, and before the bandage was applied, she had another terrible convulsion, and remained semi-comatose for twelve hours, but afterward made a pretty good recovery. Had I had the forceps at hand, and delivered four hours sooner, all these results might most probably, have been avoided.

In *Braithwaite* for July, 1864, Dr. JAMES PALFREY relates a case of twin labor in which uterine action passed to the second stage during sleep; and says he has never heard of another case. I had not seen that till after the case above related, and supposed I had pretty satisfactory evidence of the efficacy of belladonna. But his case spoils my evidence considerably. However, I think the question is worthy of the attention of the profession, and if the most patience-trying part of labor can be shortened without injury in some other way, let it be done.

Hospital Reports.

PHILADELPHIA HOSPITAL, }

February, 1865.

MEDICAL CLINIC OF DR. J. M. DA COSTA.

Reported by William H. Ford, M. D., Resident Physician.

Subacute Peritonitis and Acute Bronchitis occurring after Debauch.

M. A., æt. 31; native of Ireland; admitted January 26th, 1865. About three weeks ago, after a prolonged debauch, she was seized with a severe pain in the right hypochondriac region and in the small of the back, and, shortly afterward, she noticed that her abdomen was swelling. She complains of tenderness in her side, of cough, is unable to rest comfortably on her right side, is constipated, but has no perceptible fever. There is pain on pressure in the right hypochondrium,

slight abdominal prominence, and indistinct fluctuation. When we have some abdominal effusion associated with acute symptoms, it is well to ascribe it to peritoneal inflammation. It is probably partial peritonitis of a subacute character, which may be attributed to abusive exposure, to which this patient has been subjected.

In examining the chest we find clearness on percussion, moist rales, and bronchial cough. There is, in addition to the peritonitis, slight acute bronchitis.

Treatment. Place a small blister, four inches long and four inches broad, over the seat of tenderness, just below the right hypochondrium, and apply an emollient poultice over the vesicated surface. It is important to produce active secretion from the kidneys by diuretics. We will select those which are also expectorant, so as to be equally well adapted to the bronchial difficulty.

R. Potasse acetat.,	ʒiij.
Syrup. scillæ,	f.ʒvj.
Tinc. digitalis,	f.ʒj.
Aquæ,	f.ʒv. Misce.

Of the above mixture let a tablespoonful be taken three times a day.

This patient was discharged from the hospital April 17th, cured. The tenderness was soon relieved, and the effusion gradually disappeared, after confining the patient to the above treatment. The treatment of the bronchial affection was equally successful.

Duchenne's Disease.

J. M., æt. 41; native of Germany; of temperate habits. He was first taken sick about three years ago, with sharp pains in his back and legs, which gradually increased to such an extent, as to compel him to abandon his trade. After three months' treatment in the Pennsylvania Hospital, he was so much improved as to be able to resume his occupation. He however became worse again, and was admitted to this hospital January 4th, 1864, at which time he was suffering from violent pains in the back and legs, requiring large doses of opiates to obtain rest. "He" could stand with the aid of a cane, but was unable to walk without additional support; not from the absence of muscular power, but because the faculty of regulating and co-ordinating its actions was lost. He complained of a constant feeling of constriction around the body, of obtunded sensation on putting his feet to the ground, as though walking on soft cushions, and of formication. When his eyes were closed he would instantly fall to the

ground, being altogether unable to stand or step. He had control over the sphincter ani. The urine, of which there was frequent incontinence, was alkaline, of specific gravity 1027, and deposited abundantly phosphates and urates." Galvanism was ordered to be daily applied along the various nerves, and to different groups of muscles. As nervous tonics, he was to take sulphate of zinc and extract of nux vomica; and to prevent nocturnal discharge of urine, one-quarter of a grain of the extract of belladonna at bedtime.

His condition to-day is much the same. He still has violent pains in the lumbar regions. He can walk tolerably well with assistance, but cannot well control his movements. He has the muscular power to walk, but very imperfect control over that power, on account of want of co-ordination. This fact, namely, the presence of perfect muscular force without the control or co-ordination of movement, distinguishes this disease, which was called by DUCHENNE, *ataxie locomotrice progressive*—progressive disorder of locomotion, from all other forms of paralysis. There is a diminution or loss of tactile sensibility, which causes a sensation similar to that produced by walking on velvet. There are also sharp piercing pains in the lower extremities, of which he constantly complains. Another peculiar feature is the strange effect of closing the eyes; this gives rise to an increase of the uncertainty of the patient's gait to such an extent that he is incapable of taking a single step without falling, or to an utter inability to stand erect with his feet in juxtaposition, without instantly losing his balance. One of the worst features in this malady is the impairment of vision. Strabismus and amaurosis are apt to supervene. The patient's vision is still good.

The pathology of this disease is almost unknown. Careful research has failed to detect any lesion in the brain or spinal cord; and, therefore, with our present state of knowledge, the malady must be classed among the functional disorders. It may be, and most likely is, an organic disease, but this is not yet known.

The prognosis is very unfavorable.

Treatment. Late observations have shown that nitrate of silver has a certain peculiar remedial effect upon this disease, and it is more particularly for the purpose of alluding to this fact that the case is again presented to the class. We will commence the use of this medicine by giving one-fourth of a grain three times a day, which will be gradually increased to a half a grain three times a day at the expiration of one or two weeks, and finally to a grain three times a day. The result

must be carefully watched. We must not expect a sudden change in the condition of the patient.

This patient was taken sick in March, 1865, with typhus fever, which was then prevalent in the hospital, and died in the tenth day of the disease. His case exhibited the ordinary symptoms of typhus. A thorough post-mortem examination was made, but no lesions were discovered to which we could refer his nervous affection. The brain and spinal cord were examined microscopically without detecting any organic disease.

Catarrhal Icterus.

J. H., æt. 23, a native of Germany; admitted January 24th, 1865. He is a man of good constitution, and has always enjoyed good health. About three weeks ago he first noticed that his skin and eyes were becoming yellow. For several days before his attention was attracted to this unnatural color of his skin and eyes he had felt unwell, having had headache, nausea, constipation, and pain in the right hypochondriac region. He became more and more sallow every day, and, when admitted, his skin, and especially his conjunctivæ, were intensely yellow, like saffron. His excrement was of a dull-lead color; his urine was yellowish-brown, alkaline, of specific gravity 1022, and somewhat increased in quantity. He had pain in his right side, though not severe; constipation, slight frequency of pulse, but scarcely any increased heat of skin.

As examined this morning, he presents the following conditions: Pulse 70; skin dryish, but scarcely hot; tongue coated, with a yellowish coat in the centre; general soreness in the right hypochondrium, and pain on pressure; liver presents no increased percussion dullness, therefore not enlarged; stools, dry and clay-colored; urine contains bile as indicated by the iridescent test, also the biliary acids as detected by Pettenkofer's test; pulse,* depressed on account of the presence of bile in the blood; conjunctivæ, very yellow.

The conjunctiva is the most delicate test for the presence of bile in the blood—excepting chemical tests. If in doubt as to the existence of jaundice, look at the conjunctiva, as the most delicate, yellowish hue will be there observed when the skin appears perfectly normal. The hepatic symptoms are acute, but are not associated with enlargement of the liver.

* There was a case of similar disease some time ago in the house, in which the pulse was 40.

What can we assume to be the most likely cause of this jaundice? Inflammation or catarrh of the biliary ducts, accompanied by swelling. It is most likely a case of catarrhal icterus. The presence of the biliary acids in the urine indicates an obstruction in the biliary passages. On account of this impediment to the passage of bile through the ducts, a considerable quantity of the retained bile is absorbed into the blood, and from thence is eliminated by the kidneys. If there were suppressed secretion the biliary acids would not be detected in the urine.

Having determined that the jaundice depends upon an obstruction of the biliary ducts, it is important, in the next place, to determine the cause. If the obstruction were due to the impaction of a biliary calculus, in addition to the usual symptoms of jaundice, there would be severe colicky pains. If it depended upon morbid enlargement of adjacent parts, there would be some indication of it. It depends most likely upon inflammation and swelling of the mucous membrane of the hepatic ducts. It is an acute jaundice.

If there were inflammation of the liver, there would be marked hepatic dullness and less jaundice. There is a form of jaundice in which the liver is not increased in size, but is rather diminished; that is, acute yellow atrophy of the liver. In this disease there are cerebral symptoms, such as delirium, tremors, spasms, and coma. These cases terminate rapidly in death, on account of blood-poisoning.

Treatment. The kind of treatment is indicated both by theory and practice. Apply wet cups over the region of the liver, so as to remove about eight ounces of blood. Act on the kidneys and bowels by Rochelle salt, of which one ounce, in solution, may be taken daily. Mercurials are of more advantage in the latter stages of acute jaundice. In the East Indies, where this disease is very prevalent, salines are most universally used. The action of the skin should be attended to, therefore an occasional warm bath will be ordered. The diet should be moderate, and of easily digested articles, such as rice, eggs, broths, oysters, etc. No stimulants are to be allowed.

This patient gradually improved, so that on the 14th February he was discharged from the ward, with no vestige of his previous affection, save a slightly discolored urine.

Cerebro-spinal Meningitis.

A few cases, in a mild form, of cerebro-spinal meningitis, have been observed at Vienna.

JEFFERSON MEDICAL COLLEGE, }
April, 1865. }

SURGICAL CLINIC BY PROF. GROSS.

Reported by William T. Bullock, M. D., of Rhode Island.

Hypertrophy of the Tonsils.

George K., eight years of age. Both tonsils are enlarged in this case, although not equally so, the gland of the left side being the larger of the two. The lymphatic glands situated between the angle of the jaw and the sterno-cleido mastoid muscle, are also of a larger size than natural.

This disease is of a strumous character, occurring generally in children of scrofulous parents. It is most frequently observed in persons under ten years of age, and is often apparently congenital. It rarely occurs in adults, and never in the aged, although such persons may suffer from the affection, if it has arisen in early life, and not been relieved.

It usually commences in both tonsils simultaneously, accompanied often by enlargement of the uvula, and a granulated condition of the fauces. As the disease advances, the enlarged glands encroach upon the surrounding parts. The voice becomes nasal, and respiration is embarrassed, the head being thrown back during sleep, for the purpose of bringing the mouth in a line with the trachea, and the friends of the patient complain of his noisy snoring. The thorax becomes flattened laterally, the extremities are cold, and the growth of the child impaired, owing to the imperfect aëration of the blood. The consistence of the diseased glands varies much in different cases; in those of short duration being quite soft, while in cases of long standing, the glands are sometimes of almost scirrhou hardness. In some cases, these enlarged follicles contain calcareous concretions.

In the early stages of the disease, a cure may sometimes be effected by the occasional application of nitrate of silver, or of the tincture of iodine diluted with an equal quantity of alcohol; the general health of the patient being at the same time improved by the administration of cod-liver oil, iodine, the chalybeate tonics, etc. In cases of long standing, as in the present instance, the proper treatment consists in excising a portion of the hypertrophied glands.

The operation is best performed by seizing the diseased glands with a pair of forceps, each blade of which terminates in a double hook, and then cutting off the portion exterior to the arches of the palate with a curved probe-pointed bistoury, carrying the knife from below upward, with its back toward the tongue.

If much hemorrhage follows the operation, the

patient should be made to open his mouth, and a current of cold air directed upon the wounded parts. If the bleeding cannot be arrested in this way, astringent gargles, or the application of ice to the throat and neck, may be resorted to, or the orifice of the vessel from which the hemorrhage proceeds, may be seized and compressed with a pair of forceps.

The patient should of course avoid exposure to cold for some days after the operation, as there is danger of violent inflammation taking place and destroying the life of the patient.

Sebaceous Tumors of the Scalp.

1. Louisa D., forty-seven years of age, has seven tumors upon the head, the largest of which, about the size of an orange, she first observed four years since.

The scalp is attenuated, and devoid of hair over the largest tumor. The tumor moves readily under the fingers, and feels as if filled with a fluid, the contents of the cyst having probably been changed in consistence by long retention.

A sebaceous tumor arises without any apparent cause. It commences in one of the sebaceous follicles, the orifice of which becomes closed by adhesive inflammation, thus preventing the escape of its contents, and as the sebaceous matter continues to be secreted, the follicle is distended, its walls at the same time becoming hypertrophied. During these changes the follicle alters its position, being found at last *behind* the skin.

The scalp, forehead, eyelids, and face, are the most common sites of this tumor. It rarely, if ever, occurs upon the extremities. The contents of sebaceous tumors are very variable, being usually thick and whitish, having the feel of tallow, but are sometimes of a much more fluid nature. When occurring in the scalp, the tumor is occasionally found to contain hairs, which have probably been intercepted during the process of occlusion.

Making an incision through the scalp, a grooved director is introduced, and the cyst-exposed by means of a scalpel. The cyst is then removed, by separating it from its connections with the surrounding parts by means of the finger and handle of the scalpel. The cyst in this case is filled with a bloody looking fluid, with a substance resembling cholesterine suspended in it. The only dressing required is the introduction of a few points of the interrupted suture.

There is always danger of erysipelas after the operation, of which the patient should be forewarned.

2. Sarah H., fifty-seven years of age, has five tumors upon her head, each being of the size of a

hen's egg. The tumors are removed in the same manner as in the last case. A considerable amount of hemorrhage following the operation, one or two ligatures are applied to the bleeding vessels.

Pott's Disease of the Spine.

Eliza O'D., two years of age. This little patient is suffering from a tubercular or scrofulous disease of the bodies of two or three of the upper dorsal vertebrae, a disease usually called Pott's disease of the spine, on account of the graphic manner in which it has been described by that gentleman. It is an affection of a strumous nature, and is often accompanied by other indications of a scrofulous diathesis, such as the presence of enlarged lymphatic glands, scrofulous eruptions, tubercular deposits in other parts of the body, etc. It comes most frequently in young subjects, from the age of three to twelve years, sometimes at the period of puberty, occasionally in young adults, but never in the aged. The disease commences by a deposit of tubercular matter in the cancellated structure of the bodies of the vertebrae, those in the dorsal portion of the spinal column being most frequently affected. The tubercular matter remains dormant for some time, in the same manner as when deposited in other parts of the body, but finally softens, while both the cancellated and compact tissues of the body of the vertebra are broken down and absorbed.

The weight of the superincumbent parts then crushes together the diseased vertebrae, crowding out the spinous processes, which form a prominent projection behind, while the ribs being brought nearer to one another, form, with the sternum in front, that peculiar arch so characteristic of this disease. The contents of the spinal canal are more or less encroached upon, producing in some cases a peculiar prickling sensation in the parts supplied by the nerves which are thus compressed, while in other cases complete paralysis of those parts occur.

The general health of the patient is impaired; he loses appetite and flesh; sleeps badly, and complains of a dull pain at the seat of the disease, the pain being increased by pressure applied over the parts, a sickening sensation being also produced. The patient becomes hump-shouldered, and he walks with difficulty, moving his legs in a peculiar dragging manner, while his arms hang down by his side. The treatment of this disease consists in the use of cod-liver oil, tonics, attention to the bowels and general health.

An issue should be made with the actual cautery near the seat of the disease. The hot iron

makes a powerful impression upon the part and system, and when the eschar drops off, a freely suppurating surface is left, which may be made to keep up a constant drain for several months. The patient should be placed in bed, his pillow taken away, and he should not be allowed to rise from a recumbent position under any pretext whatever, until recovery has taken place. If the patient is seen in the early stage of the disease, and treated in this way, deformity may be prevented. When the morbid action is arrested, plastic matter is thrown out, which becoming organized, unites the surrounding parts. The organized plasma is finally converted into a substance resembling bone, from which it differs, however, in being more solid and ivory-like, and of a somewhat whiter color.

The disease thus terminates in ankylosis, the bodies of the contiguous vertebrae, as well as their different processes, being converted into a solid mass.

EDITORIAL DEPARTMENT.

Periscope.

Influence of Mental Impressions as a Cause of Bodily Deformity.

At a recent meeting of the *London Obstetrical Society*, the *British Medical Journal* says, that Dr. MEADOWS read the particulars of a case of monstrosity. Having first expressed his conviction in favor of the proposition, that the mind can and does act in this way, he reviewed and combated the various objections urged against it; the principal one being the absence of any direct connection between the nervous system of the mother and that of the foetus through the umbilical cord. He, however, endeavored to prove that mind, or the mental force, was not and could not be thus bound down, as it were, by the anatomical limits of the nervous structures; that it must have a power of action, if it has any action at all, throughout the entire organism, and in every part of it, whether it possessed nerves or not: in other words, that its sphere of action was only limited by the configuration of the body. Hence in those tissues where the existence of nervous elements could not be demonstrated, the mental or nerve force might, as it were, pass across the intervening matter between any two parts where nerves did exist, just as electricity traversed space between any two conductors. The author then applied this reasoning to the case of the foetus *in utero*, and offered an explanation of the mode by which mind thus acts upon matter by supposing a kind of correlation between mental and nerve force analogous to the correlation of other physico-vital forces; the nerve force being here the active agent in those nutritive processes upon the changes of which deformities depend.

Dr. RASCH said that the belief in the influence of mental emotion on the formation of the foetus was as old as it was general amongst women. The great difficulty was to establish facts, as the mothers always recollected something from their pregnancy after they found something abnormal in their children. Dr. R. had seen two cases which had somewhat struck him, and of which he had taken notes. Two boys, from different parts of Germany, were brought to him with scarcely any foreskin, looking exactly like circumcised little Jews, but without any cicatrices. Both women narrated, with great emotion, how they had seen during their pregnancies little Jews so cruelly treated that they could not forget it! They both had been present at the well-known Jewish rite. He ought to mention, however, that he had observed the same state in other little boys where no such story was volunteered, and where the mothers *did not know that this state was abnormal*. He considered this influence on the foetus an open question, which he had made up his mind to help in solving whenever there was an opportunity of doing so.

The President, Dr. BARNES, observed that the instances most strongly bearing upon the question were those in which pregnant women stated explicitly the emotions supposed to influence the form of the foetus *in utero* which they had undergone. The facts of the case reported were very remarkable, inasmuch as the event singularly confirmed the statement of the woman made before her child was born. Dr. BARNES remarked that malformations were common amongst birds as well as quadrupeds; and that in birds it must be concluded that any mental impression must be imparted in the earliest stage of development—i. e., before the ovum was invested with the shell.

Catarrhal Ophthalmia.

In the *British Medical Journal*, (June 24,) Mr. HENRY HANCOCK differs from most writers who affirm that catarrhal ophthalmia is purely a local affection, depending upon atmospheric changes, and chiefly requiring local applications for cure. Some other cause is requisite, that is a peculiar condition of the system favorable to its development. If wet or cold alone were sufficient, every inflammation of the eye would be catarrhal. A low and depressed state of the system predisposes to catarrhal and its kindred variety—purulent and gonorrhoeal ophthalmia. It is the pest to children in pauper institutions: succeeds typhus and low typhoid fevers. Indeed wherever the nervous system is depressed, or the blood irritated, there must we look for this form of ophthalmia. The physical sign most apparent in the eyes—is only a local manifestation of a general wrong against which treatment must be directed. He does not agree with McKenzie, where he says that if treated only “by general remedies it will continue many weeks, becoming the cause of much febrile excitement . . . or that the conjunctiva will become sarcomatous and rough, (granular) and by rubbing in this state against the cornea, will render it vascular and nebulous, or even densely opaque.

Mr. HANCOCK admits that granular lids after catarrhal ophthalmia do affect the cornea as

described, but is convinced that the local employment of astringents, as nitrate of silver, sulphate of zinc, etc. etc., prolongs the complaint, and causes granulation of the lids. Avoid violent depleting remedies as you would in erysipelas—and use constitutional remedies of an attractive, tonic, and stimulating character, keeping the eyes clean and comfortable by the use of warm water. This treatment will be found most beneficial in the ophthalmia, *unaccompanied by supra or circum-orbital pain*, such as is confined to the conjunctiva and the Meibomian follicles. This form comes on suddenly with itchininess and stiffness as though sand or grit filled the eye, the lid is swollen, their conjunctiva darkish-red colored and flabby; the eyeball traversed by a network of dark-red vessels which move under pressure.

In simple forms the disease is restricted to the angles of the lid and adjacent conjunctiva, but soon it extends, the sub-conjunctival areolar tissue becomes infiltrated forming a raised ledge around the cornea termed chemosis. If chemosis remains two or three days the cornea will begin to inflame and ultimately slough, all wing the iris to protrude, more or less destroying vision. Lachrymation is at first increased but finally becomes mucopurulent. Towards night the symptoms increase in severity, photophobia marked, much fever and pain, with weight in region of frontal sinuses and lachrymal ducts. In such cases give Dover's powder, which will frequently cut short the attack. In ordinary cases give bark and ammonia, and if in a low damp locality, we may use quinine. Local applications should be restricted to warm water or at most poppy head fomentation; to the exclusion of all local remedies of a stimulating or astringent nature. Relieve gastric complications by mild aperients; especially where there is chemosis of conjunctiva in corneal complication. In such cases much mischief results from local or general bleeding, violent purgation and local astringents and stimulants. Give these cases, bark, ammonia or quinine, with or without opium according to the amount of pain; with warm and soothing applications, and an occasional mild alterative aperient.

Subcutaneous Injections of Morphia.

At a recent meeting of the Bath and Bristol Branch of the British Medical Association (May 18, 1865.) the *British Medical Journal* says, that Mr. H. W. FREEMAN submitted an essay upon this subject, from which we condense the following for the especial benefit of a number of our correspondents who desire information in reference to subcutaneous injections. In the endowed ward for cancer in the Middlesex Hospital, Mr. FREEMAN, says that it alone has stood against all other classes of remedies as the great reliever of pain. The most convenient syringe for the purpose is made by Coxeter, and is graduated into six minims of the solution, which contains one grain of morphia dissolved in acetic acid, and the excess of acid then neutralized with liquor potassae. The physiological action is the same essentially, although not quite identically, as when the morphia is taken by the stomach. Its effects, however, are more marked and increased in intensity when used hypodermically, one-third of a

grain acting as powerfully as one grain taken by the mouth, and much more rapidly. As with opium, the action appears to be modified by age, habit, temperament, and idiosyncrasy, the tendency always being to rapid alleviation of suffering, to stupor and to sleep. The stimulating stage, although brief, is marked, the patient first experiencing a sensation of slight vertigo and of approaching intoxication—then follow its calmative effects, and something approaching insensibility.

In one case of cancer of the pylorus—forty or fifty minims of the solution of acetate of morphia have been given, and repeated at intervals without relieving pain or producing sleep. Since adopting the subcutaneous mode, her appetite, before much impaired, has much improved: the nausea and vomiting have been considerably relieved; and, after the narcotic action of the morphia, she rarely, if ever, complains of headache, constipation, nausea, sweating, or dryness of fauces.

In *neuralgia* it has been urged that its action is transient, its power non-curative, generating nausea, and sickness, and producing a deplorable state of system, worse than the original mischief. A portion of this might hold true in some individual cases: the same exception might be taken to the general class of narcotics; but the writer says it does not always practically occur. In cases given where the pain was purely neuralgic, uncomplicated with organic disease or reflected irritation, the most satisfactory results followed these injections.

In ophthalmic surgery, subcutaneous injections of morphia have been found invaluable, especially in neuralgia of the eye. Von Gräfe considers the use of atropia injected subcutaneously as very limited in relieving pain, or dilating the pupil unless the eye will not tolerate its presence.

Use of Stimulants in the Treatment of Fever.

In the *Dublin Medical Press*, June 14, 1865, is a paper by Dr. HENRY KENNEDY, with this title from which we present the following as containing some apparently valuable suggestions, which our readers will not overlook.

As it would not be possible to consider here all the class of agents known as stimulants, I shall confine myself to two or three. And first amongst these may be placed wine and beef-tea, though the latter be not, strictly speaking, a stimulant, but which I constantly hear spoken of as if they were the same, and that where the one was used the other ought to be given with it. In a large number of cases of fever, however, they cannot be given together with advantage; and, paradoxical as it may seem, wine, in my experience, causes infinitely less risk than beef-tea, and here it is, the principle I wish to elucidate is clearly seen, for the composition of these two fluids, it need scarcely be observed, is very different. In beef-tea, the quantity of fibrine, gelatine, etc., is considerable, and in proportion with the strength of the fluid. In wine, on the contrary, it is in very minute quantity; and besides, the latter has in addition most, if not all, the elements which enter into the formation of our frames.

Of these, I might mention the alkalies and alkaline earths, fatty matter, sugar, albumen, traces of iron, malic, citric, and tannic acids, and all these again combined with more or less of a direct stimulant, in the shape of alcohol. Really, if with a knowledge of the component parts of our bodies, we then set about making a fluid suitable to a wasting sickness, it must necessarily have a composition like that of wine, which, it may be almost said, Nature has given us freely. Besides, too, all experience has proved its sustaining powers, for there can be no doubt that life will be supported by it for an almost unlimited period, and it is a positive fact that it will be taken often when all other kinds of food will be refused.

Prolongation of Anæsthesia by Subcutaneous Injection of Morphia.

Some time ago we merely noticed the fact mentioned in one of our French exchanges, that it had been ascertained that the hypodermic injection of morphia in *third* and *half* grain quantities, would prolong anæsthesia from chloroform if used before the patient becomes sensible to external impressions. Mr. H. W. FREEMAN, of Bath, in the *British Medical Journal* says, that it is a year ago since the *Versailles Medical Society* first published their interesting researches on this subject of prolongation of anæsthesia. 1. Their conclusions went to show that five to ten *centigrammes* of morphia injected alone without chloroform produced a kind of intoxication, going on to torpor, but not giving rise to insensibility, properly so called. 2. Salt of morphia injected during the anæsthesia of chloroform prolonged its duration in proportion to the quantity employed. 3. Although the experiments were performed on dogs, yet it might be used without danger on man, more especially when the duration of an operation gives rise to fears in continuing the anæsthesia by means of chloroform. Three months ago, a second series of experiments, made on dogs, went to support the surgical view, which was quite correct, and to show that injection might be employed without risk.

For upwards of two years past, all capital operations at the Middlesex Hospital have been treated in this way. All the amputations, ovariectomies, herniotomies, for the most part, have received from a third to half a grain of morphia subcutaneously immediately after the operation, and in the majority with good effect; and modern surgery knows how valuable it is in a practical point of view, to calm the nervous agitation of patients after operation, to lessen shock, to procure sleep, and, more especially in ovariectomies and herniotomies, to keep the stomach in a state of physiological rest for some hours afterwards. In the latter two classes of operation, nothing seems to do so well. Nausea might be induced; but whether from shock, chloroform, or morphia, is, perhaps, not quite clear; but, judging from the usual phenomena, it would be fair therapeutically to assume that most probably it arises from the effects of the chloroform, seeing that the after-injection of morphia entailed no such symptoms.

Scanzoni lauds it in the puerperal stage, especially in puerperal convulsions. As with other

remedies so with subcutaneous injections—the dose requires to be gradually increased as its use becomes habitual.

It might seem probable, that the frequent introduction of the perforating tube of the syringe into the cellular tissue would cause abscess or erysipelas; but, cautiously applied, although the surface be tender, yet he has never seen either abscess or inflammation supervening.

Mr. FREEMAN, has so far never known harm produced by the cautious use of this remedy—while at the same time he has witnessed results of the most satisfactory nature in tetanus, delirium tremens and mania, more especially in carcinoma of the uterus or stomach, where it instantly relieved the pain.

Transmission of Syphilis by Vaccination.

The Paris correspondent of the *London Lancet* says that the last two sittings of the Academy of Medicine have been almost exclusively taken up by two lengthy dissertations on the transmission of syphilis by vaccination: the first by M. BOUSQUET; the second by M. DEPAUL, the author of the report which has given rise to the discussion, and who, after having answered his numerous adversaries, summed up the debate and concluded it. As the remarks are of such interest, we beg our readers' indulgence for inserting them as reported. M. BOUSQUET mentioned the difficulties which vaccination encountered at the very beginning of its introduction into England and France. Its adversaries had accused it not only of inefficiency to prevent small-pox, but of introducing into the system contagious diseases, and particularly syphilis; and yet, notwithstanding this accusation, (supported by no positive facts,) the practice of vaccination had triumphed and extended itself everywhere. It had flourished for more than [half] a century, and it must now meet with its most terrible attack from M. DEPAUL, who is himself Director of Vaccine at the Academy. *Strange to say, not a single example of this vaccinal transmission of syphilis had ever fallen under the notice of those who were the best situated to observe.* M. HUSSON, his predecessor, had never seen a single case; he (M. BOUSQUET) had never seen any; M. DEPAUL himself had never seen any, and probably never would see one. Syphilis produced by vaccination was unknown in the army. Annual reports were made and preserved by the military surgeons in the different hospitals; M. LARREY had carefully examined them, and had not found a single case. It was true that with M. BOUVIER such official statements were of little value. It would be insinuated that as public vaccinators do not follow the cases and witness their consequences, their authority can be of little weight. But that insinuation was groundless; for if children when thus vaccinated were withdrawn from the notice to public officers, those children had anxious parents, who would hasten to bring them back whenever they observed anything abnormal. M. BOUSQUET had thus frequently seen children brought back with erysipelas, phlegmon, or eruptions of the skin; but with syphilitic accidents, never! Three or four times only during a career of more than thirty years had children been presented to him

who were suspected of being infected with syphilis. Confident in the authority of the masters, he had vaccinated those children, he had taken from them the vaccine matter and employed it on others, and he had never had cause to repent his confidence and his temerity. If between two children—the one healthy, the other infected with syphilis—we unhesitatingly take the vaccine matter from the former, it was from instinct and not reflection. Strange indeed, that such men as GREGORY, HUSSON, and HEIM of Stuttgart, had never observed a single case, and that such a discovery should be made by those who only occasionally vaccinate: it was not a reason for declining their testimony, but it was one for asking for additional evidence. *Experientia fallax*: never had HIPPOCRATES uttered a greater truth. By experience he meant the observation of nature. Such observation was indispensable—nay, was the foundation of our knowledge in all branches of science. But there were facts upon facts, and these must be controlled. He heard it every day said that nothing was more inflexible, more brutal, than a fact; he would say that nothing was more supple, more accommodating. With a little skill, facts could be made to prove anything; they had been advanced in support of every medical scheme, from THENUSON to BROUSSAIS; they authorized all practices, even the most contrary and the most ridiculous. But when had this vaccinal syphilis taken birth? M. DEPAUL says in 1824, and he brings it down to the present day, thus coursing through a period of forty years. It had therefore been necessary to condense more than forty years' observation, and to search for those cases which constitute such a rare exception in Italy and Germany. They could easily be counted. But why did they give so little confidence? Was it because the first example of such transmission had taken a whole century to produce itself? Was it because the examples were so rare that they were lost amidst the mass of contrary evidence? Was it because those who observed them were without any authority? He would not do them this injury. No, it was because syphilis issuing directly or indirectly from cow-pox seemed to be something monstrous and unheard of. Such an idea was contrary to good sense and the most elementary notions of pathology. Virulent diseases could only be perpetuated by generation; and if there were some which seem to be self-created or to take birth under the influence of general causes, such as typhus and malignant pustule, it was certain that, when once formed, they created new germs, which reproduced them, just like plants and animals. Each virus had its peculiar constitution; it could be destroyed, but could not be transformed. And thus we see in the same patient the vaccinal virus and the variolic virus progress side by side, each retaining its peculiar form. Had ever vaccine matter taken from a small-pox patient given the small-pox, and *vice versa*? And yet there is an undeniable degree of relationship between vaccinia and small-pox. The orator said that it was in the name of such principles, which he held as certain, that he declared the transmission of syphilis by vaccination, if not impossible, at least extremely improbable. But

how could the vaccine matter transmit syphilis? Does it become syphilized in a person affected with syphilis, so as to unite two natures in one, and to reproduce the two species when inoculated? Or else, are the two poisons secreted at the same time in the same pustule, and by the same membrane? And are they so combined that it is impossible for the lancet to take one without the other? Or can it be that the vaccine virus preserves itself safe from all infection on whatever patient it may be inoculated—scrofulous, syphilitic, etc.? Not one of these hypotheses was admissible. Neither would M. Bousquet admit the comparison which had been established between the transmission of syphilis by vaccination and the transmission of syphilis by the secondary accidents of that disease. In the one case the operation was performed on a diseased part, itself the product of a disease; condylomata were scarified, syphilitic ulcers incised, etc. In the other case, the operation was performed on a healthy part of the skin; and he could not understand how on pricking a vaccine vesicle, the syphilitic virus could be taken from it. As to the fact itself, divested of all commentary, he knew not what to think. On the one hand he saw facts which were warmly contested; on the other hand there were the most incontestable principles of science. He must therefore remain in doubt—in that philosophical doubt which, free from all engagement, leaves the mind open to truth, from whatever quarter it may proceed.

Mercurials in Pelvic Cellulitis and Iritis.

Prof. SIMPSON, in his Clinical Lectures on the Diseases of Women, says:

"I must leave the question to yourselves to settle how far you will mercurialize your patients. It is ordinarily laid down, more particularly by English authorities, in regard to the treatment of iritis and of almost every form of acute inflammation, that the administration of mercury should be had recourse to as one of the most essential elements in it; and in the treatment of pelvic cellulitis, I used formerly to have recourse to it in almost every case as a general rule of practice; and I often have recourse to it still, in combination with opium, as in two-grain doses every two hours of the calomel and opium pill of the Pharmacopœia. But I begin more and more to lose faith in its efficacy, for the disease goes on sometimes unchecked even when the mouth is salivated; and I really do not know that we have any certain proof of its power of producing absorption of inflammatory effusions. Ophthalmologists tell us that they can see these effusions beginning to be absorbed in the eye just as the drug begins to exert its constitutional action; but it is assuredly doubtful whether these phenomena stand in the relation of effect and cause, or whether they are not merely coincidences. I have heard Professor JOHN THOMPSON repeatedly and strongly state that he had occasion to treat forty cases of syphilitic iritis, and having no faith in the reputed power of mercury in the cure of that disease, he treated them without mercury, and succeeded in effecting a cure in all the cases, excepting two, which occurred in the persons of two medical

men, who had had the misfortune, in the pursuit of their profession, to get their fingers inoculated with syphilitic poison, and who suffered from iritis along with other secondary affection. These two gentlemen had great faith in the power of mercury, and insisted on having it administered to themselves, and in them alone, out of all the forty cases of iritis, did the disease run an unfavorable course, and end in loss of vision."—*Boston Journal*.

Variola and Vaccinia.

M. CHAUVEAU of Lyons has made a very extensive and valuable series of experiments concerning the relation between small-pox and cow-pox. His conclusions are as follows.

Human small-pox can be inoculated on the ox and the horse with as much certainty as cow-pox. The effects resulting from the inoculation of the two virus differ completely. In the ox, small-pox virus produces only an eruption of very minute papillæ; but cow-pox virus produces a typical vaccinal eruption, with large and characteristic pustules. In the horse, small-pox virus also produces a papular eruption. Vaccine matter, as a rule, preserves the ox and the horse from variola; and variolous matter inoculated on these animals opposes the subsequent development of vaccinia. The variolous matter, when passed from animal to animal, never approaches in character to vaccinia. It remains in the last animal what it was in the first. When this variolous matter from the animal is inoculated in man it produces variola. Taken again from man and inoculated in the horse and the ox, it does not produce either cow-pox or horse-pox. Hence, therefore, notwithstanding the evident links of connexion between variola and vaccinia, in animals as in man, these two affections are yet perfectly independent, and cannot be transformed one into the other. And, consequently, in vaccinating after the method of Thielé or Ceely, we practise the old inoculation, almost always rendered benign through the precaution which is taken to inoculate only the primitive accident, but certainly preserving all its dangers in respect of contagion.

Incisions into the Os Uteri.

Mr. SPENCER WELLS objects to the operation of incision of the mouth and neck of the womb, as performed by Dr. MARION SIMS. In his opinion, the use of the speculum is neither necessary nor desirable in the performance of the operation. "The operation can be much better done with a proper instrument in a second or two by the touch alone, than it can by a complex process of speculum, assistant, hook, scissors, knife, and plugs, as advised by Dr. SIMS." Further, he says that there is no necessity to do more than cut through the mucous membrane and the innermost layer of muscular fibres. Mr. WELLS holds it "to be not only unnecessary, but dangerous and injurious, to cut into the thick middle layer of muscular fibres." Mr. WELLS says he has seen two fatal cases of peritertiary abscess after free incision in the practice of others. He is confident that very "free incisions are as unnecessary as they are dangerous."—*British Med. Jour.*

Statistics of Syphilis.

The *British Medical Journal* says:—Dr. SIMS, of La Miséricorde at Lisbon, gives the following as the results of 216 cases of hereditary syphilis observed by him between January 1858 and February last. Of these, in 27 cases the disease appeared during the first month, in 49 cases during the second, in 56 cases during the third, in 30 cases during the fourth, in 14 cases during the fifth, in 16 during the sixth, in 7 during the seventh, in 2 during the eighth, in 7 during the ninth, in 4 during the eleventh, in 1 during the thirteenth, in 1 during the fourteenth, and in 2 during the eighteenth. These statistics show that the disease may appear at a much later date than is usually supposed.

Treatment of Hydrophobia.

Dr. BUISSON, of Paris, proposes a treatment for hydrophobia which reminds us somewhat of the exploded system of THOMSON, once very popular in some parts of this country, and which seems just now to be having "a run" in some portions of Europe. His description of his own case certainly has the merit of being graphic.

Dr. BUISSON, was lately called in to treat a woman who had been seized with hydrophobia, and in whom the disease had reached its final crisis. Having bled the patient, he wiped his hands with a cloth moistened by the saliva of the dying person. On the forefinger of the right hand he had a trifling wound with the skin broken. He at once perceived his imprudence, but trusting to the method of cure lately discovered by him, he was satisfied with washing in water. "Thinking," says M. BUISSON, "that the malady would not declare itself before the fortieth day, and having many patients to visit, I put off taking my vapor baths from one day to another. On the ninth day, being in my closet, I felt all at once a pain in my throat, and yet one more keen in my eyes; my body felt so light that I thought if I jumped I could rise to a prodigious height, or that if I threw myself from the window I should be able to float in the air; the hairs of my head were so sensitive that it seemed to me as if without seeing them I could have counted them; saliva rose continually in my mouth; contact with the external air caused me frightful pain, and I shunned looking at anything bright; I had an incessant longing to run after and bite, not myself, but animals and even objects about me; I drank with difficulty, and may mention that the sight of water tried me more than the pain in my throat; I believe that by shutting the eyes every one with hydrophobia may drink. An attack came on every five minutes, and I observed that the pain began in the forefinger and extended along the nerves of the shoulder. Thinking that my system was only preservative, not curative, in its nature, I took a vapor bath, with the intention, not of healing but of suffocating myself. When the bath was at a heat of 52 degrees centigrade, all the symptoms disappeared as if by enchantment, and I felt none since. I have treated more than eighty persons who have been bitten by animals in a state of madness, and all have been

saved by this method." When a person has been bitten by a mad dog, he should be made to take seven of the so-called Russian Vapor baths, from 57 degrees to 63 degrees centigrade hot, one every day, by way of preventive. In case of the malady having distinctly shown itself, the vapor bath should be heated rapidly to 63 degrees. The patient should strictly confine himself to his room until he is quite well. Dr. BUISSON mentions some other curious facts. A man in America was bitten by a rattlesnake, about sixteen miles from home. Wishing to die in the bosom of his family, he ran home, went to bed, perspired plentifully, and the wound healed like any simple sore. The bite of the tarantula is cured by dancing, the virus being dissipated by perspiration. If an infant who has been vaccinated is made to take a vapor bath, the vaccination is of no effect.

Uræmic Convulsions.

Dr. D. R. HALDANE lays down and supports the following propositions, in the *Edinburgh Medical Journal*, April, 1865. 1. In the present state of our knowledge, we seem justified in believing that the retention of urea is the chief cause of uræmic convulsions; though the effect of this agent is probably aided by individual peculiarities, and by deficient nutrition and consequent irritability of the brain, the result of the hydræmic condition of the blood. 2. It seems probable that the mass of the blood may be increased when deficiency of the urine is not compensated for by augmentation of other secretions, or by the occurrence of dropsy, and that this condition predisposes to apoplectic symptoms. 3. In cases where symptoms of cerebral congestion are present, especially where well marked contraction of the pupil exists, blood-letting is likely to do good. 4. In cases where symptoms of cerebral congestion are absent or all masked, and where dilatation of the pupil exists, blood-letting is likely to be injurious. 5. Chloroform is valuable as a palliative, especially in cases of puerperal convulsions; but when symptoms of cerebral congestion are present, it should not alone be depended on.

Deglutition.

Some important physiological experiments on deglutition have just been made with the auto-laryngoscope by Dr. H. GUINIER. In a note communicated to the French Academy, he states that in the process of swallowing, the solid food passes directly upon the surface formed by the contraction of the glottis. In the same manner, liquids employed as gargles were found to remain below the epiglottis, in direct contact with the folds of the intra-laryngeal mucous membrane and the vocal cords. From these experiments it appeared to follow that the simple contraction of the vocal cords is sufficient to oppose the passage of foreign bodies into the trachea. This contraction is automatic, and is produced by reflex action. This, in turn, is due to the sensation caused by the contact of the foreign substance with the membrane lining the regions under the glottis, but more especially under the epiglottis. This membrane, therefore, appears to play the part of a special sensory organ.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 22, 1865.

REPORT OF THE PROVOST-MARSHAL GENERAL.

The annual report of the Provost-Marshal General has just been received, and as an appendix thereto we find forty pages occupied with medical statistics of the drafts of 1863 and 1864, including the draft of 1865 as far as completed. Especial attention is asked by General FRY to this portion of the report, and the medical reader will not fail to find in it much that is worthy of his examination and analysis. Statistics are proverbially dry, but in a profession like ours, resting upon facts and not only so, but demanding large aggregation and careful classification, in order to deduce laws, we cannot put too high a value on definite and accurate tables, especially where they present the vital status of the nation. It was fortunate for the medical profession, no less than for the Government, that at the head of the Medical Bureau of the department, we had in Surgeon J. H. BAXTER, a man who united the enthusiasm of a true physician to that of an earnest patriot, and one who evidently has been on the alert, to preserve for future reference and guidance, whatever might be of advantage in a medico-military point of view, or whatever might cast any additional light upon the conditions of life and health; of physical capacity and infirmity, as illustrated in the universal Yankee nation.

We have heard much in late years, about the physical inferiority of the American people, but the following table shows that our rejections have varied but little from the proportions in France, Great Britain and Belgium.

Table showing the ratio of exemptions from military service for mental and physical infirmities in the United States, France, Great Britain, and Belgium.

NATIONS.	YEARS.	Ratio rejected per 1000 examined.
United States.....	1863	314.02
	1864*	287.02
France.....	1831 to 1843	324.4
	1859	317
Great Britain.....	1832 to 1851, and	
	1860 to 1862	317.3
Belgium.....	1851 to 1855	320.6

We have in the Report 22 different tables, giving in many forms an elaborate exhibit of facts, which will be of service to the war and medical authorities of the land. We think an unnecessary number of these tables were required by the Department, but this in no wise detracts from the credit due for the accuracy and ability with which the instructions have been followed. Our space will permit us only to notice two or three of

more general medical significance, while the others we must commend to the careful study of the medical statist.

Table third exhibits the relative causes of over 80,000 rejections, in the course of 255,188 examinations.

Of these, as chronic, the brain has just 1400, epilepsy, 2140, and paralysis, 1044. Acute and organic diseases of the brain, spinal cord, heart, lungs, liver and spleen, have assigned to them 11,573, while confirmed consumption, feebleness of constitution, deficient size of chest, scrofula and constitutional syphilis have about 16,700. 5230 were excused for loss of teeth, while instructions required that those having incipient phthisis should be held. We believe the toothless argument should be greatly modified. 7894 had hernia, showing a less average than continental examinations. From the above causes we have over 46,000, out of the 80,000 exemptions.

Two other tables present in different forms the prevalence of the same diseases and infirmities in different sections, of the country. Mental affections seem more numerous in New England than in the Middle or Western States. There is a remarkable uniformity as to the prevalence of epilepsy in the different sections, and the aggregate of all these diseases of the nervous system is large enough to excite the most earnest inquiry.

The tables showing the classification of disease in the English, French and Belgian armies, exhibit a need of a thorough revision of the whole subject of classification and arrangement. The American military surgeons have had an experience equal in value to all the rest combined, and he who will make it his study to devise such a series of tabular forms, as shall present concisely and accurately such facts, and only such facts as will be of medical and military service, will place his country and his profession under profound obligations.

A study of this Report, in detail, will give some idea of the actual amount of labor performed by Surgeon BAXTER, and the Boards of Enrolment of the various Districts. The examination of volunteers, drafted men, substitutes, and those claiming exemption, required skill and accuracy seldom put so severely to the test, in private practice, and we believe the results have been regarded by the War Department and the profession as eminently satisfactory. The head of the Bureau has had a personal eye to the details of the work, and the greatest effort was made to insure fairness and accuracy.

These Boards have seen more of the foibles and frailties of human nature—moral, mental

* Supplementary draft.

and physical—then one need desire to know of this side of immortality, and beyond all other things, have learned how much of disease is the result of direct disregard of the laws of health. If ever a people needed to learn the true philosophy of hygiene, it is the American. The popularity of dirt is enormous. An unhealthy condition of the skin prevails in a large class of the community. Body washing is a very imperfectly preserved relic of Eastern and Roman civilization, and many a respectable suit conceals a skin that knoweth of water mostly by hearsay. How often have we desired that recruits, substitutes, drafted men—farmer boys and all—would turn temporary hydropaths. "Wash and be clean," should be one of the sign-boards rescued from the war, as the property of the Provost-Marshal General's Bureau, and the public bath should render the fulfilment of the order possible.

We hear much about bad surgery, bad practice, etc., but are more than ever satisfied that the bad medical treatment of our nation, consists chiefly in neglect or self-treatment.

It is quite fashionable to talk of doctors as necessary evils, but when thousands are thus presented before us, suffering in so many ways, from ignorance or neglect, and very rarely from any mal-practice in the regular profession, we see more of the glory and honor of our art. It needs to be still more an applied force. We trust the experience of the past four years has awakened, in the minds of an able class of practitioners an interest in public health, which will lead to more intelligent and persistent effort than has hitherto been put forth. This should be a natural result of a review of tables, such as are presented in this Report.

We have aimed to do no more than to draw attention to these statistics, and can but express the hope that the Surgeon in charge of this department will perfect what he has so ably commenced, and establish for the regular army a system of medical statistics, such as will be invaluable as a guide to the judicious choice of soldiers, and such as will be of essential advantage to our profession in their relation to our citizens, whether in peace or in arms.

Sanitary Measures.

We understand that the Russian Government has despatched to this country, Dr. HAUROWITZ, the private physician of the Grand-Duke CONSTANTINE. He has been instructed to make the fullest examination of the sanitary arrangements made during the late rebellion, and report the result of his investigations to the Imperial Government at St. Petersburg.

Notes and Comments.

Hospital Ship.

The Hospital Ship has been sent to the Lower Quarantine, New York, for the season. It is in charge of Deputy Health-Officer Dr. WALSER. The situation is, in many respects, an exceedingly trying one, and the heroism and devotion of Dr. WALSER is worthy of honorable mention. To be shut up for two or three months in a ship, exposed not only to the attacks of epidemic and contagious diseases, but to the storms of old ocean, is an instance of that kind of bravery and self-sacrifice which members of our profession give frequent examples of.

The Agassiz Expedition.

The *Boston Transcript* contains the following intelligence as to the reception of Professor AGASSIZ and his party at Rio: "We are glad to learn that Mr. AGASSIZ and his party arrived safely at Rio de Janeiro on the 22d of April, and were most kindly received. The Emperor sent a boat alongside the Colorado to take the party on shore, and in the evening had a long interview with Mr. AGASSIZ. The Secretary of the Treasury of Brazil gave orders to have the baggage and instruments of the party passed unopened at the custom-house, and every courtesy was extended to the members of the expedition by the officials of the Brazilian government."

Cholera.

Cholera seems to be advancing westward again from its old haunts in Asia. The mortality from it among the pilgrims to Mecca has been reported as frightful, and its ravages seem to have commenced at Alexandria. The *Trieste Zeitung* of June 26th, says: "During the first few days 4 or 5 to 8 persons died daily, then the deaths rose to 30 to 39, and, on the 17th, 61 fatal cases were reported. An official telegram from Alexandria dated to-day (26th,) estimates the number of deaths hitherto at 1034, the great majority of which belong to the native population. On the 25th, 183 persons died out of a population of 160,000. Large numbers of inhabitants were leaving the town. Arrangements have been made here that persons coming from Alexandria are to be subjected to a week's quarantine, reckoned from the day of arrival. Ships are to be ventilated and fumigated, clothes, furniture, and bedding thoroughly cleaned, and goods and letters exposed to the treatment customary in Italian ports.

Correspondence.

DOMESTIC.

A Case of Hernia Cerebri Successfully Treated.

EDITOR MED. AND SURGICAL REPORTER:

June 2d, 1863. I was called to see John McN., et. 4, who had fallen from a first-story window, striking his head upon a sharp stone, fracturing the upper and left part of the os frontis, rupturing the membranes, and wounding the tissues of the brain. Pieces of the cranium, the size of a ten-cent piece, were taken out. A triangular piece of window-glass, about half an inch in length, was found imbedded in the brain. The opening in the scalp was partially closed by means of the interrupted suture and adhesive straps. The sutures came away in due time, the straps becoming disarranged, a portion of the brain, about three-fourths of an inch in diameter, protruded and extended seven-eighths of an inch above the surface of the cranium.

The hernia or protruding brain was excised, and a piece of patent lint saturated with lime-water was placed over the orifice, and in immediate contact with the brain. Over this a graduated compress and bandage.

The wound was dressed daily, and the lint kept saturated with the lime-water. The slightly astringent properties of the lime-water produced a contraction of the brain in the apertures of the cranium, and together with the compress, caused it to recede below the surface. The wound in the scalp healed kindly. Little or no pulsation can now be felt.

W. H. TRAVER, M. D.

Providence, R. I.

"De gustibus," etc.

[There are other institutions besides the Medical Department of Yale College that may profit by the strictures of our correspondent in the following communication.—ED. MEDICAL AND SURG. REPORTER.]

EDITOR MEDICAL AND SURGICAL REPORTER.

In reading the first paragraph of the Circular of the Medical Institution of Yale College for 1865 and '66,* I was forcibly reminded of the advertisement of JOHN SMITH & Co., Retail dealers in Guano and Poudrette, in these words: "JOHN SMITH having formed a partnership with CHARLES DUSENBERRY for the purpose of dealing in Guano and Poudrette, 'would present to the public (Pro-

* "The Faculty of the Medical Department of Yale College, in making their annual announcement on this fifty-third year of the existence of the Institution, would present to the Profession throughout the country their sincere thanks for the favor and support which they have given the College, and would assure them that no future efforts will be spared to merit their continued approval."—Extract from Circular.

session) throughout the country, his sincere thanks for the favor and support which they have given him heretofore (the College), and would assure them that no future efforts will be spared (by the firm) to merit their continued approval."

The paragraph is, to say the least, in bad taste. As a graduate of the Medical Institution of Yale College, I regret to see the Professors of that Institution resort to the common mode of advertisement for the purpose of informing the public that they continue the business of lecturing as heretofore.

X. Y. Z.

—, Conn., July, 1865.

Specialties and Specialists.

[As Dr. Dr. HOMBERGER claims the privilege of replying to our strictures on his report, we give him space for the purpose, without however any intention of opening our columns for a discussion of the general subject.—ED. MED. & SURG. REP.]

EDITOR MED. AND SURGICAL REPORTER:

Your reporter of the doings of the American Medical Association has strangely misunderstood the gist of the report which I made before that body, in reference to "Specialties and Specialists." He represents me as having "favored advertising by specialists, and argued against such a course by general practitioners."

Those who have read the report, and those who are sufficiently interested in the subject to read it, must be convinced that I did neither the one nor the other, but only defended the moral right of specialists, as well as of general practitioners, to further their interests in any manner which they themselves deem consistent with their dignity, and that I tried to prove the impossibility of elevating the character of the profession by ethical laws, as long as its individual members are unable to take care of their dignity without a guide-book of good behavior.

In reference to the editorial remarks of the REPORTER, which attack both my conduct and my motives, without criticising my report, I beg you to publish the following:

1st. I would respectfully take exception to the statement that my report was repudiated by the members of the committee. Those gentlemen refused to sign my report, because it was not in accordance with their convictions, which I honor, while I know that they honor mine. They find the measures I advocate too radical, while I believe in radical means for the purpose of destroying deep-rooted evils.

2d. "The extraordinary plea of the author, that it was not earlier submitted to the other members of the committee, because he did not expect they would endorse it, was unworthy of him, and an insult to the Association."

In answer to this I would state, that insult is impossible where none is meant, and as the members of the committee did not sign the report, it is difficult to perceive why I should be blamed for having foreseen this result.

3d. "We very much doubt whether this report reflects the views of the majority of specialists in this country. If it does, it shows plainly that the objections we have heretofore advanced against specialism are well-founded."

Permit me to suggest as to the first of these assertions, (which, I admit, may be correct,) that it is no proof against the validity of the argument of my report, as truth cannot be discovered by the process of voting. As to the second, I think that the arguments which I have advanced, must first be repudiated, to make so sweeping a condemnation at all justifiable.

4th. "We have plenty of general practitioners in the departments of medicine and surgery, who are fully as reliable, in our view, in special practice, as are nine-tenths of the professed specialists. Who ever thought of objecting to MOTT or PAN-COAST operating on the eye, because they were not "eye doctors," or CLARK or DA COSTA examining the chest, because they were not "consumption doctors."

While fully admitting the truth of the first statement, I would deem it a favor if you would tell me what you think of the capacity of general physicians and surgeons as compared to that of the "TENTH-tenth" of specialists, to which I claim to belong, and on whose merits you omit to pass judgment. Your question can only be answered by those who are blind and consumptive, and they, you know, not unfrequently prefer the treatment of specialists.

5th. "We trust that this report will be a warning to the Association not to appoint a man a special committee to make a report, merely because he wishes to be so appointed. Ten chances to one, he has an axe to grind."

I emphatically disclaim ever to have made any effort to be appointed chairman or member of the committee; while of course I cannot find fault with your giving advice to the Association, if your suggestion should not refer to me. And now a last word in regard to your charitable supposition that I intended to "grind an axe" by making a report, such as the one I submitted. If I understand you rightly, my object in reporting you suppose to have been a *personal*, and perhaps a *dishonest* one. It strikes me, however, that it is a queer way to "grind axes" to go against prejudice, or even the ruling spirit of the day, but that a simpler plan would be to flatter, as so many do, the ideas generally prevailing, and to emulate the sentiments of the multitude.

Finally, allow me to state that my report ap-

peared in the July number of the *N. Y. Social Science Review*, and will soon be published, in all probability, in pamphlet form. Those who have not heard it may therefore judge for themselves of the "heresies" which it contains, and learn a new and peculiar way to "grind an axe," by careful perusal.

JULIUS HOMBERGER.

New York, July 11, 1865.

Operation for Stone.

EDITOR MED. AND SURGICAL REPORTER:

In the REPORTER of 1st of July, the subscriber has noticed the report of an operation performed by Dr. W. W. GREENE, of Pittsfield, Massachusetts, upon a child "less than five years old," consisting in the removal of a stone from its bladder, "weighing thirty-two grains." "The child is quite well."

The report of such operations to your valuable and extensively perused journal should never be neglected, as they are certainly encouraging to the many patients who are suffering from similar causes, and also to the members of the profession, whose imperative duty it is to relieve all sufferers, if it possibly can be done.

The subscriber is acquainted with a man by the name of Mr. CONRAD SCHWAB, living in the borough, of Freemansburgh, Northampton county, Pennsylvania, whose son, eighteen months old, was relieved from severe sufferings by the removal of a stone from his bladder, weighing *six dwts. and twenty grains, or 166 grains.*

This operation was performed by Dr. JOHN J. DETWEILER, of Easton, Pa., on the 15th day of September, 1859, when the child was but 18 months old. The child is quite well.

July, 1865.

W. C. D.

News and Miscellany.

Pension-Examining Surgeon.

Dr. ALEXANDER C. HART has been appointed a Pension-Surgeon for the city of Philadelphia. His office is located at the northwest corner of Sixth and Spring Garden streets. He is especially assigned the duty of examining all maimed persons claiming pensions.

Surgery v. Medicine.

After an experience of fifty years, says Sir BENJAMIN BRODIE in his *Autobiography*, I am confirmed in the opinion that the pursuit of what is called pure surgery, such as it is in large cities, in connection with a hospital and a medical school, is more replete with interest, and, on the

1865.]

NEWS AND MISCELLANY.

65

whole, more satisfactory, than any of the other branches into which the *ars mendendi* is divided.

Sickness and Mortality in the United States Army.

Mr. J. DISTURNELL, of New York, author of the *U. S. Register and Blue Book*, is about to publish, by subscription, an elaborate work on the *Climate of the United States*, showing the cereal productions, the general mortality and healthfulness, the mean temperatures, etc., etc., of the different regions and latitudes, a compilation from the census of 1860, just issued from Washington. It will form a highly valuable compendium and reference for physicians, agriculturists, miners, statesmen, and all others interested in the sanitary, climatic, and productive status of the country and its population. Every intelligent citizen should have a copy in his library. The subscription price is only three dollars.

The following tables, for which we are indebted to the kindness of Mr. D., were compiled by him from the army returns published by the U. S. Senate, and present some idea of the intended publication, of which they will form a part.

TABLE, showing the comparative annual ratio of sickness and mortality, per 1000, among the American troops stationed in different parts of the country for a period of 21 years, from Jan. 1839 to Jan. 1860.

REGIONS.	Ratio per 1000, of mean strength.	
	Treated.	Died.
1. North Atlantic Region—Coast of New England,	1,755	8.8
2. Oregon and Washington—Pacific Coast,	2,302	9.7
3. North Interior—New York, etc.,	1,808	10.9
4. North Interior—Wisconsin, Iowa, Nebraska, etc.,	2,265	12.
5. Region of the Great Lakes—Michigan, etc.,	2,183	13.1
6. Middle Interior East—Western Pennsylvania, Ohio, etc.,	3,180	14.9
7. Middle Atlantic—Maryland and Virginia,	2,232	16.8
8. Southern California,	2,105	18.
9. New Mexico,	2,590	18.5
10. Texas, Western Frontier,	3,063	19.6
11. South Interior—Arkansas, etc.,	3,354	22.
12. Middle Interior, West Missouri, etc.,	2,622	22.4
13. Atlantic Coast of Florida,	3,515	24.
14. Northern California,	2,784	25.6
15. South Atlantic—North and South Carolina,	2,658	27.3
16. Interior and Gulf Coast of Florida,	4,902	30.2
17. South Interior—Alabama and Louisiana,	2,989	40.5
18. Texas, Southern Frontier,	3,580	49.6

Note. From the above reliable data, gathered from the "*Medical Statistics of the United States Army*," it appears that the annual mortality of the troops is about three times greater on the Atlantic coast of Florida, and on the southern frontier of Texas six times larger, than on the Atlantic coast of New England, extending from Eastport to New London, Connecticut.

TABLE, showing the comparative annual mortality per 1000, among the British troops stationed in different parts of the world.

REGIONS.	Ratio per 1000.
1. Australia, (Southern Hemisphere,)	14
2. Cape of Good Hope, Africa,	16
3. Canada, (Northern Hemisphere,)	20
4. Gibraltar, " " " "	22
5. Ionian Isles, " " " "	28
6. Mauritius, (Southern " " " "	30
7. Bermuda, (Northern " " " "	33
8. St. Helena, (Southern " " " "	35
9. Madras, (Northern " " " "	52
10. Bombay, " " " "	55
11. Ceylon, " " " "	57
12. Bengal, " " " "	63
13. Jamaica, W. I., (North'n Hemisphere,	143
14. Bahamas, W. I., " " " "	200

From a careful examination of American and English authorities, in regard to sickness and mortality in the respective armies of the two countries, it seems that West Point, N. Y., in north latitude 41 deg., 23 min.; mean annual temperature, 50 degrees, Fahrenheit, is the healthiest military post on record, only four, out of one thousand, dying annually.

The region between the equator and the parallel of 37 deg. north, embracing the shores of the Caribbean Sea, the Gulf of Mexico, and the Atlantic coast, including portions of Florida, Georgia, and the Carolinas, with all the West India Islands, is the true domain of the yellow fever in North America.

TABLE, exhibiting the annual rate of sickness and mortality in the Army of the United States.

YEARS.	Ratio per 1000.		YEARS.	Ratio per 1000.	
	Treated.	Died.		Treated.	Died.
1840	2,784	25	1851	2,735	32
1841	3,849	40	1852	2,800	25
1842	3,243	30	1853	2,959	28
1843	2,719	16	1854	3,088	32
1844	2,448	11	1855	3,281	33
1845	2,619	9	1856	3,209	25
1846	2,938	27	1857	2,817	14
1849*	3,062	80	1858	2,632	14
1850	2,684	34	1859	2,360	16
Average Total, 2,886				26	

* 1847, 1848, War with Mexico, omitted.

Note Taking.

Sir BENJAMIN BRODIE says it was from his friend JEFFREYS that he first learned the importance of keeping written notes of cases. All his life he kept notes. At the bedside of patients he jotted down a few memoranda, which he afterward expanded in the evening; and his notes of cases thus kept for half a century, now form many quarto volumes. He did not find that the habit of committing his observations to writing weakened his memory, but rather that it strengthened it; and in the most strenuous terms he insists that no one can become thoroughly well acquainted with his profession, either as a physician or as a surgeon, who has not studied it in that manner. He has always tried to impress this fact on his pupils, and has often lamented that only a small proportion of them would follow his advice.—*Brit. Med. Journal*.

Dr. Henry Southey.

A brother of the poet, has lately died in London, aged 82. He was a fellow of various societies, and a leading medical authority, especially on subjects connected with lunacy. He had been a physician in ordinary to GEORGE IV, and physician to the London Hospital, holding also the appointment for many years of GRAHAM Professor of Medicine, which is now vacant by his death. Dr. SOUTHEY was the author of various medical works, of which one of the most important was on "Pulmonary Consumption."

Dr. Felix Robertson.

The first white male child born in Nashville, died in that city on the 9th, at the age of 84. He was the sixth child of Col. JAMES ROBERTSON, the pioneer of the Cumberland settlement. The settlers arrived there during the winter of 1779-80, and the deceased was born on the 11th day of January, 1781. He studied medicine, and became an excellent physician. He introduced the use of quinine into that section of country, and was repeatedly elected President of the Tennessee Medical Society. He was a prominent politician in former days, and a warm friend of ANDREW JACKSON.

Relaxation of the Pelvic Articulations after Labor.

Difficulty of locomotion coming on after parturition has been several times noticed, especially by French writers. It is liable to lead to the idea that the patient is suffering from spinal or uterine disease. But when it occurs in women who have been recently delivered, the practitioner should bear in mind the possibility of its arising from relaxation of the articulations of the pelvis. By palpation and pressure over the sacro-iliac synchondroses and over the pubic symphysis, pain is produced; and the point of the finger can often, in the latter situation, be introduced between the bones. M. TROUSSEAU, in a clinical lecture on the subject, recognizes the value of rest, topical astringents, and tonics; but he urges especially the necessity of applying a firm bandage so as to embrace not only the bones of the pelvis, but the trochanters of the thigh-bones.—*L'Union Méd.*

MARRIED.

DODSON-SKINNER.—June 21st, by Rev. W. B. Gregg, Dr. Robert A. Dodson, Surgeon of the First Maryland Cavalry, and Miss Louisa Jane Skinner, of Kent Island, Md.

DIED.

BARKER.—In the village of Jamaica, L. I., on Monday, the 10th inst., Lydia Stewart, wife of Dr. Charles H. Barker, and youngest daughter of the Rev. Gilbert H. Sayers, D. D.

EVANS.—In Templeville, Md., May 6th, Wm. Ashton Evans, M. D., aged about 30 years.

HOPKINSON.—On the 11th instant, at Mower Hospital, Chestnut Hill, Philadelphia, Dr. Joseph Hopkinson, Surgeon in charge.

WILSON.—In this city, on Sunday morning, 9th inst., Dr. James Henry Wilson, in the 47th year of his age.

OBITUARY.**Joseph Hopkinson, M. D., U. S. V.**

MOWER U. S. A. GENERAL HOSPITAL, CHESTNUT HILL, Philadelphia, July 12th, 1865.

At a meeting of the Medical Officers of the Mower U. S. A. General Hospital, held July 12th, 1865, to express their sorrow at the death of their commanding officer, Surgeon J. Hopkinson, the following resolutions were unanimously adopted:

Resolved, That in the death of Surgeon Jos. Hopkinson, U. S. V., the country has lost a valuable servant, society a distinguished member, and those associated with him a tried and valued friend.

Resolved, That in the management of the Mower U. S. A. General Hospital, which he has commanded since its opening, he has shown talent of the highest order as an administrative officer, and won a reputation which will ever associate his name with the history of the war.

Resolved, That we tender to the family of the deceased our warmest sympathies for the bereavement they have suffered, and assure them that we sincerely mourn with them in their great affliction.

Resolved, That the members of the staff wear the usual badge of mourning for thirty days, and that they attend the funeral in a body; also, that all who have been members of the staff be invited to join with them.

Resolved, That a copy of these resolutions be forwarded to the family of the deceased, and that they be published.

C. WAGNER, Assist. Surg. U. S. A., commanding Mower U. S. A. Gen. Hospital, President.

Q. M. McGRATH, A. A. Surg., U. S. A., Executive Officer, Secretary.

A. L. GIBBS, A. A. Surg., U. S. A.,

W. SCOTT HENDRIE, A. A. Surg., U. S. A.,

Geo. W. FOGGO, A. A. Surg., U. S. A.,

Committee on Resolutions.

ANSWERS TO CORRESPONDENTS.

Dr. F. L. G. Thompson, Pa.—A Suspensory Truss, sent by mail, July 12th.

Dr. P. R. W. Sabin's Grove, Pa.—History of American Medical Association, sent by mail, July 15th.

Dr. B. D. Brownsville, Texas.—Surgeon's Manual, sent by mail, July 15th.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 10, Feb. 9, '61.

Vol. VI. Nos. 13, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 6, 12, Nov. 9, '61; Nos. 10 to 12,

Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62;

Dec. 27, '62, and Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 4, 5, 7, 11, 21, Jan. 2, 23, 30; Feb. 13, March 12,

May 21, '64.

" XII. Nos. 1, 5, 11, 12, 17, July 2, Sept. 10, Oct. 22, 30, '64,

Feb. 4, '65.

Ed. We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.